CHESTERFIELD COUNTY TELEPHONE REASSURANCE PROGRAM Senior Advocate's Office

VOLUNTEER APPLICATION

Our Telephone Reassurance volunteers provide brief, daily telephone calls to elderly or disabled Chesterfield County residents to verify their well-being and provide a community connection. This service provides peace of mind and reassurance to the person living in isolation.

Volunteers sign up for flexible time commitments during the workweek and place calls at an arranged time each day. Volunteers conduct calls from the Chesterfield County Senior Advocate's office.

Name:	Date:	
Address:		
City:	State:	Zip:
Day Phone:	Evening Phone:	
Employer:	Occupation:	
Birthdate:	_ Email Address:	
	QUESTIONS	
Why do you want to volu	unteer for the Telephone Reassura	ance Program?
Please list any previous	volunteer experience:	

Volunteer Application

PERSONAL REFERENCES (other than relatives)

1. Name:	Relationship:	
Day Phone:	Evening Phone:	
Number of year's known:	_	
2. Name:	Relationship:	
Day Phone:	Evening Phone:	
Number of year's known:	_	
EMPLOYER I	REFERENCE (past or present)	
3. Employer contact:	Phone:	
Please provide the following demograph	nic information for statistical purposes only.	
 LANGUAGES SPOKEN Spanish Russian Chinese English Other: 	HOW DID YOU HEAR ABOUT THE TELEPHONE REASSURANCE PROGRAM? Flyer Friend Volunteer Center Group/ Club Television Newspaper Radio Other:	

Volunteer Application